DLN: 93493319050356

OMB No 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at <u>www IRS qov/foim990</u>

Return of Organization Exempt From Income Tax

| B Che | ck if app | plicable | lendar year, or tax year beginni C Name of organization AMERICAN GAS ASSOCIATION | ng 01-01-2015 , and ending 12-31-20 |)15 | D Empl | oyer ide | ntification number |
|--|--|---|---|--|---------------------------------|--|--|---|
| | dress ch me char | - | David Lauring | | | 13-0 | 43159 | 0 |
| | tıal retur | rn | Doing business as | | | | | |
| | ial terminat ended re | | Number and street (or P O box if r 400 NORTH CAPITOL STREET NW N | nail is not delivered to street address) Room/s | suite | · · | none num) 824-7 | |
| | | pending | City or town, state or province, cou WASHINGTON, DC 20001 | ntry, and ZIP or foreign postal code | | | | |
| | | | · | nal officer | 1 > | | · · · | \$ 37,083,987 |
| | | | F Name and address of princi david k mccurdy 400 NORTH CAPITOL STREE | • | | Is this a grou subordinates? | • | rfor ☐ Yes 🔽 |
| | | | WASHINGTON, DC 20001 | _1 11 11 11 11 10 4 30 | H(b) | No Are all subord | linates | F. F. |
| I Tax | -exemp | ot status | 501(c)(3) √ 501(c)(6) √ | (insert no) 4947(a)(1) or 527 | `´' | ncluded? | | Yes No (see instructions) |
| y W | ebsite: | · ww | /W AGA ORG | | | Group exemp | | • |
| K Forn | n of orga | anızatıon | ▼ Corporation Trust Associ | ation | | of formation 1 | | State of legal domicile DE |
| Pai | rt I | Sum | mary | | | | | |
| Governance | CO IM ITS PR | MPANI PROVE S MEME | IES DELIVERING NATURAL G THE QUALITY OF LIFE FOR T BERSHIP AND SERVE AS THE ING THE SAFE, RELIABLE, AN | CTOBER 13, 2015 THE AMERICAN O AS SAFELY, RELIABLY, AND IN AN E THEIR CUSTOMERS EVERY DAY AG INDISPENSABLE, LEADING VOICE D EFFICIENT DELIVERY OF NATUR, | NVIRONI A'S MISS AND FAC | MENTALLY R ION IS TO P ILITATOR O | ESPON ROVID N ITS E | SIBLE WAY TO HELP E CLEAR VALUE TO BEHALF IN |
| | 2 CI | heck th | is box ▶ ☐ if the organization d | iscontinued its operations or disposed | of more t | han 25% of it | s net a | ssets |
| Activities & | 3 N. | umbara | of voting members of the govern | ing body (Part VI, line 1a) | | | 3 | 40 |
| ctivi | | | - | of the governing body (Part VI, line 1b | | | 4 | 39 |
| A | | | mber of individuals employed in | | 5 | 91 | | |
| | 6 Total number of volunteers (estimate if necessary) | | | | | | 6 | 5,500 |
| | | | | | | | | |
| | | | | art VIII, column (C), line 12 | | | 7a | 1,171,836 |
| | | | | art VIII, column (C), line 12 | | | 7a 7b | 648,652 |
| | b Ne | t unrela | ated business taxable income fro | om Form 990-T, line 34 | | Prior Year | 7b | 648,652 Current Year |
| ÷nı | | t unrela Contri | ated business taxable income from the state of the butions and grants (Part VIII, I | om Form 990-T, line 34 | | Prior Year | 7b 0 | 648,652 |
| ēnuēvē | b Net | t unrela Contri Progra | butions and grants (Part VIII, I | om Form 990-T, line 34 | | | 7b 0,031 | 648,652 Current Year |
| Ravenue | 8 9 | Contri Progra Invest Other | butions and grants (Part VIII, I am service revenue (Part VIII, I tment income (Part VIII, colum revenue (Part VIII, column (A) | om Form 990-T, line 34 | | 29,424 | 0 ,031 ,464 | 648,652 Current Year 0 32,360,571 |
| Ravenue | 8 9 10 | Contri Progra Invest Other | butions and grants (Part VIII, I am service revenue (Part VIII, I tment income (Part VIII, colum revenue (Part VIII, column (A) | om Form 990-T, line 34 | | 29,424 1,067 | 0 ,031 ,464 ,371 | 648,652 Current Year 0 32,360,571 1,088,729 |
| Revenue | 8 9 10 11 12 13 | Contri Progra Invest Other Total r 12) | butions and grants (Part VIII, I am service revenue (Part VIII, I tment income (Part VIII, colum revenue (Part VIII, column (A) revenue—add lines 8 through 11 s and similar amounts paid (Part | om Form 990-T, line 34 | ne | 29,424 1,067 1,168 31,659 | 7b 0 ,031 ,464 ,371 ,866 ,100 | 648,652 Current Year 0 32,360,571 1,088,729 1,251,727 34,701,027 |
| Rayenua | 8 9 10 11 12 13 14 | Contri Progra Invest Other Total r 12) Grants Benefi | butions and grants (Part VIII, I am service revenue (Part VIII, I tment income (Part VIII, colum revenue (Part VIII, column (A) revenue—add lines 8 through 11 s and similar amounts paid (Part ts paid to or for members (Part | om Form 990-T, line 34 | ne | 29,424 1,067 1,168 31,659 | 0 ,031 ,464 ,371 ,866 ,100 0 | 648,652 Current Year 0 32,360,571 1,088,729 1,251,727 34,701,027 319,500 |
| | 8 9 10 11 12 13 | Contri Progra Invest Other Total r 12) Grants Benefi | butions and grants (Part VIII, I am service revenue (Part VIII, I tment income (Part VIII, colum revenue (Part VIII, colum (A) revenue—add lines 8 through 11 as and similar amounts paid (Part ts paid to or for members (Part es, other compensation, employ | om Form 990-T, line 34 | ne | 29,424 1,067 1,168 31,659 | 0 ,031 ,464 ,371 ,866 ,100 0 | 648,652 Current Year 0 32,360,571 1,088,729 1,251,727 34,701,027 |
| | 8 9 10 11 12 13 14 15 16a | Contri Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) | butions and grants (Part VIII, I am service revenue (Part VIII, I tment income (Part VIII, I tment income (Part VIII, colum revenue (Part VIII, colum (A) revenue—add lines 8 through 11 ts paid to or for members (Part ts paid to or for members (Part es, other compensation, employ) | om Form 990-T, line 34 | ne | 29,424 1,067 1,168 31,659 | 0 ,031 ,464 ,371 ,866 ,100 0 | 648,652 Current Year 32,360,571 1,088,729 1,251,727 34,701,027 |
| Exp en ses Revenue | 8 9 10 11 12 13 14 15 16a b | Contri Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes | butions and grants (Part VIII, I am service revenue (Part VIII, I tment income (Part VIII, I tment income (Part VIII, colum revenue (Part VIII, colum revenue—add lines 8 through 11 as and similar amounts paid (Part ts paid to or for members (Part es, other compensation, employ assional fundraising fees (Part IX indraising expenses (Part IX, column (E | om Form 990-T, line 34 | ne | 29,424 1,067 1,168 31,659 508 | 7b 0 ,031 ,464 ,371 ,866 ,100 0 ,489 | 648,652 Current Year 32,360,571 1,088,729 1,251,727 34,701,027 319,500 0 17,608,372 |
| | 8 9 10 11 12 13 14 15 16a b 17 | Contri Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu | butions and grants (Part VIII, I am service revenue (Part VIII, I tment income (Part VIII, I tment income (Part VIII, column (A) revenue—add lines 8 through 11 as and similar amounts paid (Part ts paid to or for members (Part es, other compensation, employ assional fundraising fees (Part IX) indraising expenses (Part IX, column (E)) | om Form 990-T, line 34 | ne | 29,424 1,067 1,168 31,659 508 17,991 | 7b 0 ,031 ,464 ,371 ,866 ,100 0 ,489 0 | 648,652 Current Year 0 32,360,571 1,088,729 1,251,727 34,701,027 319,500 0 17,608,372 |
| | 8 9 10 11 12 13 14 15 16a b | Contri Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other | butions and grants (Part VIII, I am service revenue (Part VIII, I tment income (Part VIII, colum revenue (Part VIII, colum revenue—add lines 8 through 13 and similar amounts paid (Part ts paid to or for members (Part es, other compensation, employ) ssional fundraising fees (Part IX indraising expenses (Part IX, column (Expenses (Part IX, column (A), expenses Add lines 13–17 (mu | om Form 990-T, line 34 | ne | 29,424 1,067 1,168 31,659 508 | 7b 0 ,031 ,464 ,371 ,866 ,100 0 ,489 0 ,577 ,166 | 648,652 Current Year 0 32,360,571 1,088,729 1,251,727 34,701,027 319,500 0 17,608,372 0 16,621,549 34,549,421 |
| Expenses | 8 9 10 11 12 13 14 15 16a b 17 18 | Contri Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other | butions and grants (Part VIII, I am service revenue (Part VIII, I tment income (Part VIII, colum revenue (Part VIII, colum revenue—add lines 8 through 13 and similar amounts paid (Part ts paid to or for members (Part es, other compensation, employ) ssional fundraising fees (Part IX indraising expenses (Part IX, column (Expenses (Part IX, column (A), expenses Add lines 13–17 (mu | om Form 990-T, line 34 | ne | 29,424 1,067 1,168 31,659 508 17,991 14,064 32,564 | 7b 0 ,031 ,464 ,371 ,866 ,100 0 ,489 0 ,577 ,166 ,300 | 648,652 Current Year 0 32,360,571 1,088,729 1,251,727 34,701,027 319,500 0 17,608,372 0 16,621,549 34,549,421 |
| Expenses | 8 9 10 11 12 13 14 15 16a b 17 18 | Contri Progra Invest Other Total r 12) Grants Benefir Salarie 5-10) Profes Total fu Other Total e Reven | butions and grants (Part VIII, I am service revenue (Part VIII, I tment income (Part VIII, colum revenue (Part VIII, colum revenue—add lines 8 through 11 as and similar amounts paid (Part ts paid to or for members (Part ts paid to or for members (Part es, other compensation, employ assional fundraising fees (Part IX indraising expenses (Part IX, column (A), expenses (Part IX, column (A), expenses Add lines 13–17 (musue less expenses Subtract line | om Form 990-T, line 34 | ne | 29,424 1,067 1,168 31,659 508 17,991 14,064 32,564 -904 | 7b 0 ,031 ,464 ,371 ,866 ,100 0 ,489 0 ,577 ,166 ,300 | 648,652 Current Year 0 32,360,571 1,088,729 1,251,727 34,701,027 319,500 0 17,608,372 0 16,621,549 34,549,421 151,606 |
| Expenses | 8 9 10 11 12 13 14 15 16a b 17 18 19 | Contri Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven | butions and grants (Part VIII, I am service revenue (Part VIII, I tment income (Part VIII, colum revenue (Part VIII, colum revenue (Part VIII, colum revenue—add lines 8 through 11 ts paid to or for members (Part ts paid to or for members (Part ts paid to or for members (Part es, other compensation, employ column) sisional fundraising fees (Part IX indraising expenses (Part IX, column (A), expenses (Part IX, column (A), expenses Add lines 13–17 (musue less expenses Subtract lines assets (Part X, line 16) | om Form 990-T, line 34 | ne | 29,424 1,067 1,168 31,659 508 17,991 14,064 32,564 -904 Ing of Current | 7b | 648,652 Current Year 0 32,360,571 1,088,729 1,251,727 34,701,027 319,500 0 17,608,372 0 16,621,549 34,549,421 151,606 End of Year |
| Net Assets or Expenses Fund Balances | 8 9 10 11 12 13 14 15 16a b 17 18 19 | Contri Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven | butions and grants (Part VIII, I am service revenue (Part VIII, I tment income (Part VIII, colum revenue (Part VIII, colum revenue—add lines 8 through 11 as and similar amounts paid (Part ts paid to or for members (Part ts paid to or for members (Part es, other compensation, employ) assional fundraising fees (Part IX, column (A), expenses (Part IX, column (A), expenses Add lines 13–17 (mulue less expenses Subtract line assets (Part X, line 16) | om Form 990-T, line 34 | ne | 29,424 1,067 1,168 31,659 508 17,991 14,064 32,564 -904 ing of Current | 7b 0 ,031 ,464 ,371 ,866 ,100 0 ,489 0 ,577 ,166 ,300 4 Year ,302 ,350 | 648,652 Current Year 0 32,360,571 1,088,729 1,251,727 34,701,027 319,500 0 17,608,372 0 16,621,549 34,549,421 151,606 End of Year 39,216,477 |
| Net Assets or Expenses | 8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III repending wheeling the solution of the sol | Contri Progra Invest Other Total r Salarie 5-10) Profes Total fu Other Total e Reven | butions and grants (Part VIII, I am service revenue (Part VIII, I tment income (Part VIII, I tment income (Part VIII, column revenue (Part VIII, column revenue—add lines 8 through 11 as and similar amounts paid (Part ts paid to or for members (Part ts paid to or for members (Part es, other compensation, employ assional fundraising fees (Part IX, column (I) expenses (Part IX, column (A), expenses Add lines 13–17 (musue less expenses Subtract lines assets (Part X, line 16) | om Form 990-T, line 34 | nying scho | 29,424 1,067 1,168 31,659 508 17,991 14,064 32,564 -904 Ing of Current 42,342 29,085 13,256 edules and st | 7b 0 ,031 ,464 ,371 ,866 ,100 0 ,489 0 ,577 ,166 ,300 Year ,302 ,350 ,952 atemen | 648,652 Current Year 0 32,360,571 1,088,729 1,251,727 34,701,027 319,500 0 17,608,372 0 16,621,549 34,549,421 151,606 End of Year 39,216,477 27,414,641 11,801,836 ts, and to the best of |
| Net Assets or Expenses end Balances | 8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 till penal pen | Contri Progra Invest Other Total r Salarie 5-10) Profes Total fu Other Total e Reven Total a Total I Net as Sign Ities of p ge and t s any kr | butions and grants (Part VIII, I am service revenue (Part VIII, I tment income (Part VIII, colum revenue (Part VIII, colum revenue (Part VIII, colum revenue—add lines 8 through 11 as and similar amounts paid (Part ts paid to or for members (Part ts paid to or for members (Part es, other compensation, employ assional fundraising fees (Part IX) indraising expenses (Part IX, column (A), expenses (Part IX, column (A), expenses Add lines 13–17 (multiple less expenses Subtract line assets (Part X, line 16) | om Form 990-T, line 34 | nying scho | 29,424 1,067 1,168 31,659 508 17,991 14,064 32,564 -904 Ing of Current 42,342 29,085 13,256 edules and str) is based on | 7b 0 ,031 ,464 ,371 ,866 ,100 0 ,489 0 ,577 ,166 ,300 Year ,302 ,350 ,952 atemen | 648,652 Current Year 0 32,360,571 1,088,729 1,251,727 34,701,027 319,500 0 17,608,372 0 16,621,549 34,549,421 151,606 End of Year 39,216,477 27,414,641 11,801,836 ts, and to the best of |
| Signature States of Expenses o | 8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 10 owledgrer has | Contri Progra Invest Other Total r Salarie 5-10) Profes Total fu Other Total e Reven Total I Net as Sign ttes of r ge and k s any kr | butions and grants (Part VIII, I am service revenue (Part VIII, I tment income (Part VIII, colum revenue (Part VIII, colum revenue—add lines 8 through 11 as and similar amounts paid (Part ts paid to or for members (Part ts paid to or for members (Part es, other compensation, employ assional fundraising fees (Part IX indraising expenses (Part IX, column (A), expenses (Part IX, column (A), expenses Add lines 13–17 (musue less expenses Subtract line assets (Part X, line 16) | ine 1h) | nying scho | 29,424 1,067 1,168 31,659 508 17,991 14,064 32,564 -904 Ing of Current 42,342 29,085 13,256 edules and str) is based or | 7b 0 ,031 ,464 ,371 ,866 ,100 0 ,489 0 ,577 ,166 ,300 Year ,302 ,350 ,952 atemen | 648,652 Current Year 0 32,360,571 1,088,729 1,251,727 34,701,027 319,500 0 17,608,372 0 16,621,549 34,549,421 151,606 End of Year 39,216,477 27,414,641 11,801,836 ts, and to the best of |
| Her Balances Expenses | 8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penal per has | Contri Progra Invest Other Total r Salarie 5-10) Profes Total fu Other Total a Reven Total a Total I Net as Sign ties of p ge and total a sany kr KEVII Type | butions and grants (Part VIII, I am service revenue (Part VIII, colum revenue (Part VIII, colum revenue—add lines 8 through 11 as and similar amounts paid (Part ts paid to or for members (Part ts paid to or for members (Part es, other compensation, employ assional fundraising fees (Part IX, column (I) expenses (Part IX, column (I) expenses (Part IX, column (I) expenses Add lines 13–17 (musue less expenses Subtract lines assets (Part X, line 16) | om Form 990-T, line 34 | nying scho | 29,424 1,067 1,168 31,659 508 17,991 14,064 32,564 -904 Ing of Current 42,342 29,085 13,256 edules and st r) is based or 2016-11-14 Date Check f | 7b | 648,652 Current Year 0 32,360,571 1,088,729 1,251,727 34,701,027 319,500 0 17,608,372 0 16,621,549 34,549,421 151,606 End of Year 39,216,477 27,414,641 11,801,836 ts, and to the best of ormation of which |
| Part Part Part Part Part Part Part Part | 8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penal per has | Contri Progra Invest Other Total r Salaries 5-10) Profes Total fu Other Total a Reven Total a Total I Net as Sign tites of p ge and t s any kr KEVII Type | butions and grants (Part VIII, I am service revenue (Part VIII, colum revenue—add lines 8 through 11 as and similar amounts paid (Part ts paid to or for members (Part ts paid to or for members (Part es, other compensation, employ assional fundraising fees (Part IX, column (A), expenses (Part IX, column (A), expenses (Part IX, column (A), expenses Add lines 13–17 (musue less expenses Subtract lines assets (Part X, line 16) | ine 1h) | Beginn onlying schethan office | 29,424 1,067 1,168 31,659 508 17,991 14,064 32,564 -904 Ing of Current 42,342 29,085 13,256 edules and str) is based or | 7b 0 0 0 0 0 0 0 0 0 | 648,652 Current Year 32,360,571 1,088,729 1,251,727 34,701,027 319,500 0 17,608,372 0 16,621,549 34,549,421 151,606 End of Year 39,216,477 27,414,641 11,801,836 ts, and to the best of ormation of which |

Washington, DC 20036

| orm | 990 (2015) | | | | Pag | e 2 |
|------------|---|--|--|---|--|------------------|
| Par | t IIII Statement | of Program Service A | Accomplishments | | | |
| | Check if Sched | dule O contains a response | or note to any line in t | hıs Part III | <u> </u> | √ |
| 1 | Briefly describe the o | organization's mission | | | | |
| SEE | SCHEDULE O | | | | | |
| | | | | | | |
| | | | | | | |
| 2 | Did the organization (| ındertake any sıgnıfıcant p | rogram services during | the year which were not liste | d on | |
| | the prior Form 990 or | 990-EZ? | | | ✓Yes No | |
| | If "Yes," describe the | se new services on Sched | ule O | | | |
| 3 | Did the organization of | ease conducting, or make | significant changes in | how it conducts, any program | | |
| | services? | | | | Yes ✓No | |
| | · | ese changes on Schedule O | | | | |
| 4 | expenses Section 50 | | anizations are required | of its three largest program to report the amount of gran ted | | |
| 4a | (Code |) (Expenses \$ | including grants | s of \$) (Rev | enue \$) | |
| | AGA members on these a proposed legislation that ENERGY ASSISTANCE PR ASSISTANCE PROGRAM F BURDEN OF THOSE ON L generated energy consuluith a provision to suspeagreement Implementa at federal facilities. The swould eliminate efficient | activities AGA's government relationate relations and the comment of the comment relations and the comment of t | tions efforts play a key role have serious impacts on ga NG EFFORT WITH CONGRESS ROPRIATIONS OF ALMOST SEY PROVIDE THEMSELVES WI (Section 433) is included in ay's rulemaking on standards ban will severely limit - and ductive bias in federal policying an undue burden on, and | in protecting the interests of natura s supply, the cost of gas service, re 5 TO OBTAIN FUNDING FOR THE FE 3 4 BILLION THIS PROGRAM IS ESS ITH NEEDED BASIC ENERGY SERVICE The Energy Policy Modernization Ac s for natural gas furnaces in favor could be accorded to the diltimately prohibit - adoption of hagainst clean and affordable nature. | pers of Congress and their staff the view gas utilities and their customers from liability and/or safety LOW INCOME HOI DERAL LOW INCOME HOME DERERGY ENTIAL IN REDUCING THE FINANCIAL ES Legislation repealing the fossil fuelbeing considered by the U S Senate alf a stakeholder negotiated consensus ghly efficient technologies using natural al gas DOE's proposed furnace standard gas customers, especially low-income | ME ong gas |
| 4b | (Code |) (Expenses \$ | ıncludıng grants | s of \$) (Rev | enue \$ | |
| | MANAGING COMMITTEE EFFICIENT DELIVERY OF AND MAINTENANCE COMENVIRONMENTAL MATTE AND OCCUPATIONAL HACOPERATIONS COMMITTE ENGINEERING SECTION RELIABLE, AND EFFICIEN PROGRAM AGA'S BEST FOOM OTHER TOPICAL SAFETY AND PUBLICATIONS, INCOMPARTY SAFETY STATISTICS AND TECHNICAL RELATED INCOMPARTY OF AND TECHNICAL RELATED INCOMPARTY OF A CILITIES INTEGRITY MEPLACEMENT PROGRAM REPLACEMENT PROGRAM | THESE COMMITTEES FOCUS ON NATURAL GAS THE FOURTEEN MITTEE, 3) DISTRIBUTION MEAS RS COMMITTEE, 6) GAS CONTROLLING COMMITTEE, 10) SUPPLEMIE, 13) UNDERGROUND STORAGE PROVIDES TIMELY AND RELEVAN IT DELIVERY AND USE OF NATUR PRACTICES PROGRAM IS AN EFF CAN BE USED TO IMPROVE PARION, AIFORUMS AND PUBLISHED MATER LUDING PROFILES OF COMPANIE QUALITY MANAGEMENT IN GASQUIRIES TO THEIR PEERS IN MENDIS, THIS PROGRAM FACILITATE AND COMMUNITY EMERGENCES OF COMMUNITY EMERG | HELPING NATURAL GAS UTILIFECHNICAL COMMITTEES AR SUREMENT COMMITTEE, 4); DL COMMITTEE, 4); DL COMMITTEE, 7) NATURAL ENTAL GAS COMMITTEE, 11); E COMMITTEE, AND 14) UTILIFECTOR TO INFORMATION TO HELP ME AL GAS THE 2015 INFORMATION TO INCIPANTS' OPERATIONS IT NO INSPECTION - OPERATION IT NO INSPECTION - OPERATION IN THE SOS PRESENTED SON THE SOS PREMENT OF | E 1) CORROSION CONTROL COMMIDISTRIBUTION & TRANSMISSION EI TRANSMISSION MEASUREMENT COLTY AND CUSTOMER FIELD SERVICE MERE COMPANIES ACHIEVE OPER TION EXCHANGE INCLUDED - GAS RES OF SUPERIOR PERFORMING G. FOCUSES ON IMPROVING THE SAFI NS SAFETY CONDUCTED THE EXEC MOTE LEADING SAFETY LESSONS LEA OGRAM ALLOWS INDIVIDUAL MEME R UNDERSTAND HOW OTHERS ARE QUESTS FOR OPERATIONS-RELATE AND MONITORING, EMERGENCY R T - OPERATIONAL EXCELLENCE CO | ELLENCE IN THE SAFE, RELIABLE AND INTREE, 2) DISTRIBUTION CONSTRUCTION INTREE, 2) DISTRIBUTION CONSTRUCTION INTREE, 3) ASTIC MATERIALS COMMITTEE, 9) SAFE DAMITTEE, 12) TRANSMISSION PIPELINE ES COMMITTEE THE OPERATIONS AND INTONAL EXCELLENCE IN THE SAFE, JITILITY OPERATOR'S BEST PRACTICES AS INDUSTRY COMPANIES AND INNOVATETY AND EFFICIENCY OF GAS DISTRIBUTEUTIVE LEADERSHIP SAFETY SUMMIT AN AGA PRODUCED NUMEROUS REPORTS IN EACH PRODUCED NUMEROUS REPORTS IN SAFE TO SEND OPERATIONAL AND ADDRESSING A PARTICULAR DINFORMATION ON SUCH ISSUES AS | TY :: IVE ION D |
| 4c | (Code |) (Expenses \$ | ıncludıng grants | s of \$) (Rev | enue \$) | |
| | INFORMATION AND ANAL REGULATORY REGIMES (1) FEDERAL ENERGY, ENVIF State University to meas 0 1 percent of the natura the Federal Energy Regulume AGA efforts led to phiscellaneous Final Rule ARRAY OF DATA ABOUT PUBLICATIONS WERE 0 UNDERTOOK A WIDE RAEFFICIENCY AND OTHER | GULATORY AFFAIRS - AGA'S POLL YSIS OF THE ECONOMIC AND PHINDER WHICH NATURAL GAS UT RONMENTAL AND EMISSIONS POL ure emissions from natural gas us al gas delivered nationwide is emilatory Commission announced or positive results from several final and the Enforcement of State Ex ALL ASPECTS OF THE NATURAL G AS FACTS, potential supply of ga MGE OF ANALYSES ON ENVIRONN ISSUES FACING THE GAS INDUS | HYSICAL CONDITION OF THE ILITIES ARE DIRECTLY REGU ICIES AGA and 13 natural g titility systems The study, putted from local distribution in April 16, 2015 that it ruled ized rules in 2015 by the Pip ccavation Damage Preventio AS INDUSTRY AND COLLECT is in the united states, reside MENTAL, FINANCIAL, GAS SUISTRY THESE ANALYSES ASSISTED | NATURAL GAS INDUSTRY, THE ANY ILATED, AND SECURING RECOGNIT ias utilities participated in a nation wiblished March 31, 2015 in Environ systems. After nearly four years of against changing the start of the gieline and Hazardous Material Safet in Laws Final Rule THE SECTION'S ED AND COMPILED IT IN A READY-Intial natural gas market survey and PPLY, GAS DEMAND, CONSUMER COMPILED, AND CONSUMER COMPAND COMPAND CONSUMER COMPAND COMPAND CONSUMER COMPAND | ION OF THE BENEFITS OF NATURAL GAS ide field study conducted by Washingtor nental Science & Technology, said as little eadership, analysis and advocacy by AG as day from its current 9 a m CCT start, Administration (PHMSA) including the POLICY ANALYSIS GROUP PROVIDED A W. REFERENCE FORM AMONG THE 2015 in natural gas utility rate structures AGA A ST, CAPITAL REQUIREMENTS, RESOURCERS AND OTHER DECISION-MAKERS IN | e a A, AST |
| | See Additional Data | | | | | _ |
| 4 -1 | O *h = " | and (Department on C. L. V. L. | 0.) | | | |
| 4 d | (Expenses \$ | ces (Describe in Schedule | g grants of \$ |) (Revenue \$ | `` | |
| | (= xpcnoco 4 | merading | , 9. 41163 01 4 |) (Nevenue p | 1 | |

| Par | t IV Checklist of Required Schedules | | | |
|-----|---|-------------|-----|----|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | No |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | Yes | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | Yes | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆 | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰 | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11 b | | No |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11 c | | No |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2 | 11 d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11 f | | No |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12 a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12 b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | 1 |

| Form | 990 (2015) | | | Page 4 |
|------|---|-----|-----|---------------|
| Par | t IV Checklist of Required Schedules (continued) | | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

352

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Νo

Νo

Nο

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

31

instructions for applicable filing thresholds, conditions, and exceptions)

| Part V | Statements Regar | dina Other IRS | Filings and | Tax Compliand |
|--------|------------------|----------------|-------------|---------------|
| | | | | |

| Par | t V | Statements Regarding Other IRS Filings and Tax Compliance | | | | |
|---------|-----------------|---|---------|------------|-----|-----|
| | | Check if Schedule O contains a response or note to any line in this Part V | · · · | • | | |
| 1a | Enter | the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a | 59 | | Yes | No |
| | | the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b | 0 | | | |
| | | ne organization comply with backup withholding rules for reportable payments to vendors and reportable | e | | | |
| | gamın | ng (gambling) winnings to prize winners? | . | 1 c | Yes | |
| 2a | | the number of employees reported on Form W-3, Transmittal of Wage and Statements, filed for the calendar year ending with or within the year covered | | | | |
| | | is return | 91 | | | |
| b | | east one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | Yes | |
| 32 | | If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ne organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | Yes | |
| | | es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | . + | 3b | Yes | |
| | | y time during the calendar year, did the organization have an interest in, or a signature or other authori | ty | | | |
| | | a financial account in a foreign country (such as a bank account, securities account, or other financial unt)? | | 4a | | No |
| b | | • | - | | | 110 |
| | | es," enter the name of the foreign country •nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | s | | | |
| | (FBAF | R) | L | | | |
| | | the organization a party to a prohibited tax shelter transaction at any time during the tax year? | - | 5a | | No |
| | | ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | No |
| С | If"Ye | es," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a | | the organization have annual gross receipts that are normally greater than \$100,000, and did the | | 6a | Yes | |
| _ | _ | nization solicit any contributions that were not tax deductible as charitable contributions? | | | | |
| b | | es," did the organization include with every solicitation an express statement that such contributions of not tax deductible? | r gifts | 6b | Yes | |
| 7 | Organ | nizations that may receive deductible contributions under section 170(c). | | | | |
| а | | ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods of ces provided to the payor? | and | 7a | | |
| b | If"Ye | es," did the organization notify the donor of the value of the goods or services provided? \dots | | 7 b | | |
| С | | ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was requi | red to | 7c | | |
| d | | es," indicate the number of Forms 8282 filed during the year | | | | |
| e | Dıd th | ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract | t? | | | |
| _ | D. J. L. | | F | 7e | | |
| | | ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? organization received a contribution of qualified intellectual property, did the organization file Form 88 | | 7f | | |
| 9 | requir | |) as | 7 g | | |
| h | | organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fil 1098-C? | le a | 7 h | | |
| 8 | - | s <mark>oring organizations maintaining donor advised funds.</mark> donor advised fund maintained by the sponsoring organization have excess business holdings at any t | ıme | | | |
| | _ | g the year? | | 8 | | |
| | | ne sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| | | ne sponsoring organization make a distribution to a donor, donor advisor, or related person? | - | 9b | | |
| 10 a | | on 501(c)(7) organizations. Enter tion fees and capital contributions included on Part VIII, line 12 10a | | | | |
| | | s receipts, included on Form 990, Part VIII, line 12, for public use of club 10b | | | | |
| | facılıtı | ties | | , , | | |
| 11 | | on 501(c)(12) organizations. Enter s income from members or shareholders | | | | |
| | | s income from other sources (Do not net amounts due or paid to other sources | | | | |
| - | | ist amounts due or received from them) | | | | |
| 12a | Section | on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | |
| b | | es," enter the amount of tax-exempt interest received or accrued during the | | | | |
| 13 | year Section | on 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| | Jectil | on seato, (as) quantica nonprofit housen mainine issuers. | | | | |
| а | | e organization licensed to issue qualified health plans in more than one state? Note. See the instruction ional information the organization must report on Schedule O | | 13a | | _ |
| b | | the amount of reserves the organization is required to maintain by the states ich the organization is licensed to issue qualified health plans | | | | |
| С | | the amount of reserves on hand | | | | |
| | | ne organization receive any payments for indoor tanning services during the tax year? | | 14a | | No |
| | | es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | [| 14b | | |

| orm 99 | 0 (2015) | | | | | Ρa | |
|---|--|----|----|--|-----|----|--|
| Part \ | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b be describe the circumstances, processes, or changes in Schedule O. See instructions. | | | | | | |
| Check if Schedule O contains a response or note to any line in this Part VI | | | | | | | |
| Sect | ion A. Governing Body and Management | | | | | | |
| | | | | | Yes | 1 | |
| | nter the number of voting members of the governing body at the end of the tax | 1a | 40 | | | | |

| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 40 | 1 | | |
|--------------------------|--|---------|---|--------------------------------------|--------------------------|---------------|
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 39 | I | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee? | | • • | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co | | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since filed? | e the p | orior Form 990 was | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the o | rganız | ation's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | | | 6 | Yes | |
| | Did the organization have members, stockholders, or other persons who had the power more members of the governing body? | | | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body? | | | , 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written active by the following | ons ui | ndertaken during the | | | |
| а | The governing body? | | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> | | | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not | requi | red by the Internal F | <i>Revenu</i> | ue Cod | e.) |
| | | | | | Yes | No |
| .0a | Did the organization have local chapters, branches, or affiliates? | | | 10 a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the acaffiliates, and branches to ensure their operations are consistent with the organizati | | | 10b | | |
| .1a | Has the organization provided a complete copy of this Form 990 to all members of it the form? | ts gov | erning body before filing | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this f | orm 9 | 90 | | | |
| .2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | \ \ \ | $\overline{}$ |
| b | Were officers, directors, or trustees, and key employees required to disclose annual | lv inte | | 120 | Yes | ļ |
| | rise to conflicts? | | rests that could give | 12b | Yes | |
| С | rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done | | | 12b | | |
| | Did the organization regularly and consistently monitor and enforce compliance with | | | 12b | Yes | |
| .3 | Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done | | | 12b | Yes Yes | |
| .3 .4 | Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done | the p | olicy? If "Yes," describe | 12b 12c 13 | Yes Yes Yes | |
| .3 .4 .5 | Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done | the p | olicy? If "Yes," describe | 12b 12c 13 | Yes Yes Yes | |
| .3 .4 .5 a | Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done | the p | olicy? If "Yes," describe | 12b 12c 13 14 | Yes Yes Yes | |
| .3 .4 .5 a | Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done | the p | olicy? If "Yes," describe | 12b 12c 13 14 | Yes Yes Yes Yes | |
| .3 .4 .5 a b | Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done | the p | olicy? If "Yes," describe d approval by beration and decision? | 12b 12c 13 14 | Yes Yes Yes Yes | No |
| .3 .4 .5 a b | Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done | or sime | olicy? If "Yes," describe dapproval by beration and decision? dilar arrangement with a to evaluate its sto safeguard the | 12b 12c 13 14 15a 15b | Yes Yes Yes Yes | No |
| .3 .4 .5 a b | Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done | or sime | olicy? If "Yes," describe dapproval by beration and decision? dilar arrangement with a to evaluate its sto safeguard the | 12b 12c 13 14 15a 15b | Yes Yes Yes Yes | No |
| .3 .4 .5 a b | Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done | or sime | olicy? If "Yes," describe dapproval by beration and decision? dilar arrangement with a to evaluate its sto safeguard the | 12b 12c 13 14 15a 15b | Yes Yes Yes Yes | No |

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website. Another's website. Upon request. Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

O State the name, address, and telephone number of the person who possesses the organization's books and records

▶joseph | martin controller 400 NORTH CAPITOL STREET NW No 450 WASHINGTON, DC 20001 (202) 824-7255

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) Average hours per week (list any hours | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- | (F) Estimated amount of other compensation from the |
|---|---|--|-----------------------|---------|--------------|-------------------------------------|--------|--|--|---|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Former Highest compensated employee | Former | | 2/1099-MISC) | organization and related organizations |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | • | | * | | | | |
| c Total from continuation sheetd Total (add lines 1b and 1c) . | • | | ` . | ٠. | ٠. | | | 5,886,386 | 0 | 1,382,945 |
| 2 Total number of individuals (ir \$100,000 of reportable comp | | | | | | d abov | e) wl | no received more th | an | |

| | | | Yes | No |
|---|---|---|-----|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee | | | |
| | on line 1a? If "Yes," complete Schedule J for such individual | 3 | | Νo |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such | | | |
| | ındıvıdual | 4 | Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | Nο |

| Section B. Independent Contractors | | | | | |
|---|---|----------------------------|--|--|--|
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year | | | | | |
| (A) Name and business address | (B) Description of services | (C) Compensation | | | |
| PROOF INTEGRATED COMMUNICATIONS | AGA Magazine Services | 710,357 | | | |
| PO Box 101880 Atlanta, GA 30392 | | | | | |
| The YGS Group | AGA Magazine Services | 255,182 | | | |
| 3650 W Market Street York, PA 17404 | | | | | |
| Van ness feldman lp | Consulting on Safety and Regulatory | 203,218 | | | |
| 1050 thomas jefferson nw seventh f Washington, DC 20007 | Issu | | | | |
| Barage Energy Consulting LLC | Consulting for World Gas Conference | 170,187 | | | |
| 9611 Clubvalley Way Raleigh, NC 27617 | | | | | |
| Capitol Hill Consulting Group | Consulting on Industry Issues | 168,000 | | | |
| 499 South Capitol St SW Washington, DC 20003 | | | | | |
| 2 Total number of independent contractors (including but not limited to the \$100,000 of compensation from the organization ▶ 13 | se listed above) who received more than | | | | |

| Form 99 | | | | | | | | Page 9 |
|---|---------|---|---|------------------------|----------------------|--|---|--|
| Part V | 1111 | Statement o | | | a this Daut VIII | | | _ |
| | | Check if Schedi | ule O contains a respor | ise or note to any lin | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| <u> </u> | 1a | Federated cam | paigns 1a | | | | | |
| Grants Amounts | ь | Membership du | es 1b | | | | | |
| . E | С | Fundraising eve | ents 1c | | | | | |
| ifts ar/ | d | Related organiz | zations 1d | | | | | |
| s, G imil | е | Government grants | s (contributions) 1e | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f | All other contribution | ons, gifts, grants, and 1f | | | | | |
| ibut The | g | | ons included in lines | | | | | |
| ad C | | 1a-1f \$ | | | | | | |
| 2 E | h | Total. Add lines | sla-lf | | | | | |
| 를 | 3- | Membership Dues | | Business Code | 25.042.240 | 25 042 240 | | |
| leven Leven | 2a b | Meetings/Exhibit Ir | ncome | 900004 | 25,012,348 | 25,012,348 | | |
| ئ چ | c | Sponsorship Incom | | 900004 | 4,967,172 826,176 | 4,967,172 826,176 | | |
| <u>ال</u> ا | d | Service Income | | 900004 | 767,901 | 323,273 | 767,901 | |
| % = | e | Advertising Income | 2 | 541800 | 403,935 | | 403,935 | |
| Program Service Revenue | f | All other progra | am service revenue | | 383,039 | 383,039 | | |
| | g | Total. Add lines | s 2a-2f | > | 32,360,571 | | | |
| | 3 | Investment inc | ome (including dividen | ds, interest, | 540,983 | | | 540,983 |
| | 4 | | ar amounts) | | 340,503 | | | 340,303 |
| | 5 | | | ` '. ' ▶ | 1,134,576 | | | 1,134,576 |
| | | | (ı) Real | (11) Personal | | | | |
| | 6a | Gross rents | | | | | | |
| | ь | Less rental expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | , , | me or (loss) | | | | | |
| | _ | Constant | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 2,930,706 | | | | | |
| | ь | Less cost or other basis and | 2,382,960 | | | | | |
| | | sales expenses Gain or (loss) | 547,746 | | | | | |
| | c d | Net gain or (los | · | | 547,746 | | | 547,746 |
| Other Revenue | 8a | Gross income f events (not inc \$ of contributions See Part IV, Iii | luding s reported on line 1c) | | | | | |
| Other F | ь | Less direct ex | a penses b | | | | | |
| _ | 9a | Gross income f | (loss) from fundraising (from gaming activities ne 19 | events ▶ | | | | |
| | h | Less directer | penses b | | | | | |
| | | | (loss) from gamıng actı | vities | | | | |
| | 10a | Gross sales of | inventory less | • | | | | |
| | | returns and allo | owances . | | | | | |
| | | _ | oods sold . . b (loss) from sales of inve | entory | | | | |
| | _ | Miscellaneous | · · · | Business Code | | | | |
| | 11a | Miscellaneous | Income | 900004 | 117,151 | 117,151 | | |
| | ь | | | | | | | |
| | С | | | | | | | |
| | d | All other reven | | | | | | |
| | е | Total. Add lines | | • | 117,151 | | | |
| | 12 | Total revenue. | See Instructions . | • | 34,701,027 | 31,305,886 | 1,171,836 | 2,223,305 |

Part IX Statement of Functional Expenses

| ection 5 | 01(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) |
|----------|---|
| | Check if Schedule O contains a response or note to any line in this Part IX |

| | t include amounts reported on lines 6b, , 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----------|---|-----------------------|------------------------------------|--|--|
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 319,500 | | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 5,460,151 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 8,566,471 | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,301,788 | | | |
| 9 | Other employee benefits | 1,570,507 | | | |
| 10 | Payroll taxes | | | | |
| | | 709,455 | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| Ь | Legal | 15,393 | | | |
| с | Accounting | 220,698 | | | |
| d | Lobbying | 379,000 | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 29,298 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 4,138,464 | | | |
| 12 | Advertising and promotion | 388,542 | | | |
| 13 | Office expenses | 932,560 | | | |
| 14 | Information technology | 223,709 | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,624,824 | | | |
| 17 18 | Payments of travel or entertainment expenses for any federal, | 1,042,321 | | | |
| 10 | state, or local public officials | F 660 722 | | | |
| 19 20 | Conferences, conventions, and meetings | 5,660,733 | | | |
| 21 | Interest | | | | |
| 22 | Depreciation, depletion, and amortization | 701,285 | | | |
| 23 | Insurance | 263,329 | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | 203,323 | | | |
| а | Memberships and Contrib | 924,810 | | | |
| b | Unrelated Business Inco | 286,053 | | | |
| c | 1120 POL Income Tax | 32,065 | | | |
| d | Bad Debt | -1,200 | | | |
| е | All other expenses | -240,335 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 34,549,421 | | | |
| 26 | Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

| Dar | t X | Balance Sheet | | | | | rage xx |
|-----------------------------|-----|---|---------------------|-----------------------|--------------------------|-----|--------------------|
| rai | · / | Check if Schedule O contains a response or note to any li | ne ın thı | s Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | | | 4,747,544 | 2 | 4,663,161 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 600,792 | 4 | 485,646 |
| | 5 | Loans and other receivables from current and former off | ıcers, dı | rectors, trustees, | | | - |
| | | key employees, and highest compensated employees C Schedule L | omplete | Part II of | | 5 | |
| Assets | 6 | Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins II of Schedule L | (c)(3)(E section | 3), and 501(c)(9) | | - | |
| \$\$ (| | | | | | 6 | |
| Ÿ | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | : . | | 1,294,175 | 9 | 1,190,456 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 7,199,742 | | | |
| | ь | Less accumulated depreciation | 10b | 5,257,564 | 2,492,759 | 10c | 1,942,178 |
| | 11 | Investments—publicly traded securities | | | 33,207,032 | 11 | 30,935,036 |
| | 12 | Investments—other securities See Part IV, line 11 . | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 . | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34 | | | 42,342,302 | 16 | 39,216,477 |
| | 17 | Accounts payable and accrued expenses | | | 4,220,824 | 17 | 3,989,801 |
| | 18 | Grants payable | | | .,, | 18 | -,, |
| | 19 | Deferred revenue | | | 7,344,553 | 19 | 5,799,582 |
| | 20 | Tax-exempt bond liabilities | | | .,, | 20 | 3,, |
| | 21 | Escrow or custodial account liability Complete Part IV | | | | 21 | |
| S | 22 | Loans and other payables to current and former officers | | | | | |
| bilities | | key employees, highest compensated employees, and d | | | | | |
| <u>.</u> | | persons Complete Part II of Schedule L | | | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrelated third | parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third p | arties | | | 24 | _ |
| | 25 | Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D | to relate | ed third parties, | | | |
| | | | | | 17,519,973 | 25 | 17,625,258 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 29,085,350 | 26 | 27,414,641 |
| Net Assets or Fund Balances | | Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34. | ere ► [| √ and complete | | | |
| <u>lan</u> | 27 | Unrestricted net assets | | | 13,256,952 | 27 | 11,801,836 |
| မှ | 28 | Temporarily restricted net assets | | | | 28 | |
| חַק | 29 | Permanently restricted net assets | | | | 29 | |
| E. | | Organizations that do not follow SFAS 117 (ASC 958), o | heck he | re ▶ | | | _ |
| ō | | complete lines 30 through 34. | | 1 | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| SS(| 31 | Paid-in or capital surplus, or land, building or equipment | fund | | | 31 | |
| t A | 32 | Retained earnings, endowment, accumulated income, or | other fu | ınds | | 32 | |
| Š | 33 | Total net assets or fund balances | | | 13,256,952 | 33 | 11,801,836 |
| | 34 | Total liabilities and net assets/fund balances | | | 42,342,302 | 34 | 39,216,477 |

Check if Schedule O contains a response or note to any line in this Part XII

Cash ✓ Accrual COther

Both consolidated and separate basis

▽

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis

Consolidated basis

Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

✓ Consolidated basis

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

1 Accounting method used to prepare the Form 990

basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Separate basis

Schedule O

Schedule O

Additional Data

(Code

Software ID: Software Version:

EIN: 13-0431590

including grants of \$

Name: AMERICAN GAS ASSOCIATION

) (Revenue \$

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

) (Expenses \$

Corporate Affairs Programs - Coordinates recruitment and retention of current or potential AGA member companies, conducts outreach to the financial community to enhance their understanding of key issues affecting gas utilities and provides support services for aGA's committee meetings and conferences. General Counsel Programs - The Office of General Counsel assists member company attorneys in more effectively performing their duties, thereby helping those companies operate more efficiently. For example, AGA offers litigation alerts, legal forums and workshops, antitrust compliance programs, assistance to members in potentially precedent setting litigation, as well as analysis and legal summaries. In addition, AGA annually updates and publishes the AGA FERC Manual which is a regulatory compliance guide directed at natural gas utility members. Industry Finance & Administration - The Financial and Administration group develops and implements programs in the following areas: accounting, customer service, human resources, risk management and information technology. These programs help member companies operate more efficiently. For example, in the customer service area, AGA's Data Source is the utility industry's premier tool for benchmarking customer service programs. Subjects covered include: call centers, energy assistance programs, billing and meter reading. A powerful online search engine enables members to retrieve data efficiently, thereby increasing employee productivity. AGA sponsors accounting workshops and training programs on cutting edge issues facing our member companies.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

| Compensated Employees, and Inde | pendent Co | ntrac | ctors | S | | | | • | |
|--|--|------------|---|---|--|---|--|--|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | m unle: | unless person is both an officer and a organization (W- 2/1099- | | | Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations | |
| Terry D McCallister CHAIRMAN OF THE BOARD | 6 00 | x | | × | | | 0 | 0 | 0 |
| Ralph A LaRossa First Vice Chair | 4 00 | х | | × | | | 0 | 0 | 0 |
| Pierce H Norton II Second Vice Chair | 2 00 | x | | х | | | 0 | 0 | 0 |
| GREGG S KANTOR IMMEDIATE PAST CHAIR | 6 00 | × | | х | | | 0 | 0 | 0 |
| Kım R Cocklin DIRECTOR | 1 00 | × | | | | | 0 | 0 | 0 |
| KIMBERLY J HARRIS DIRECTOR | 1 00 | × | | | | | 0 | 0 | 0 |
| | 1.00 | | | | | | | | |

1 00

1 00

1 00

Х

Χ

Glenn R Jennings

DIRECTOR

DIRECTOR

DIRECTOR

Robert F Beard DIRECTOR

Craig L Adams

Steven E Kurmas

.....

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors**

| (A) Name and Title | (B) Average hours per week (list any hours for related | unles | ore tl ss pe | than ersoi icer a | not one on is and | | , | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
|------------------------------|--|-----------------------------------|-----------------------|-------------------------|----------------------------|------------------------------|--------|---|--|---|
| | organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | MISC) | MISC) | organization and related organizations |
| James P Launto DIRECTOR | 1 00 | x | | | | | | 0 | 0 | 0 |
| Diane Leopold DIRECTOR | 1 00 | x | | | | | | 0 | 0 | 0 |
| John McAvoy DIRECTOR | 1 00 | x | | | | | | 0 | 0 | 0 |
| Michael P McMasters DIRECTOR | 1 00 | x | | | | | | 0 | 0 | 0 |
| Carl L Chapman DIRECTOR | 1 00 | x | | | | | | 0 | 0 | С |
| Scott L Morris DIRECTOR | 1 00 | x | | | | | | 0 | 0 | С |

1 00

1 00

1 00

1 00

Х

Χ

Morgan K O'Brien

Scott M Prochazka

DIRECTOR

DIRECTOR

DIRECTOR

Ian Robertson

John G Russell DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| compensated Employees, and Inde | pendent co | ,,,,,,,,,, | ···· | • | | | | 1 | 1 | 1 |
|---------------------------------|---|-----------------------------------|-----------------------|-------------------------|----------------------------|------------------------------|--------|---|---|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | unles | ore t ss pe | than ersoi icer i | not one on is and | | , | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensited employee | Former | MISC) | MISC) | organization and related organizations |
| Suzanne Sitherwood DIRECTOR | 1 00 | x | | | | | | 0 | 0 | С |
| Thomas E Skains DIRECTOR | 1 00 | x | | | | | | 0 | 0 | c |
| Dennis V Arriola DIRECTOR | 1 00 | x | | | | | | 0 | 0 | С |
| Kent T Larson DIRECTOR | 1 00 | x | | | | | | 0 | 0 | C |
| Jeffrey E Dubois DIRECTOR | 1 00 | x | | | | | | 0 | 0 | C |
| Gordon L Gillette DIRECTOR | 1 00 | x | | | | | | 0 | 0 | (|
| 7.1. D.H. I | 1.00 | | \bigcap | | | | | | , | |

1 00

1 00

1 00

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John P Hester

Patricia L Kampling

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DIRECTOR

DIRECTOR

DIRECTOR

Kevin Marsh

DIRECTOR

Richard J Mark

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

411,229

| compensated Employees, and inde | pendent co | illiac | .tors | 3 | | | | I | I | ı |
|---------------------------------|--|--|-------|---|--|------|----------|--|--|--|
| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensation of the property of the director of th | | | | | an Forme | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | | 17. | | | ated | | | | |
| Michael Noone DIRECTOR | 1 00 | x | | | | | | 0 | 0 | 0 |
| william j ackley DIRECTOR | 1 00 | x | | | | | | 0 | 0 | 0 |
| laurence m downes DIRECTOR | 1 00 | x | | | | | | 0 | 0 | 0 |
| joaseph hamrock DIRECTOR | 1 00 | × | | | | | | 0 | 0 | 0 |
| ronald w jibson DIRECTOR | 1 00 | × | | | | | | 0 | 0 | 0 |
| nicole A Kivisto | 1 00 | x | | | | | | 0 | 0 | 0 |

1 00

1 00

1 00

35 00

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1,915,238

DIRECTOR

DIRECTOR

DIRECTOR

Ross Turrini

DIRECTOR

David McCurdy

President & CEO

Nick Stavropoulos

Ronald J Tanski

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) (B) (C) (D) (E)

| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | m unles | ore t ss pe offi direct Institutional | han erso cer tor/i | not one n is and trus | tee) | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|------------|---|-----------------------------|-----------------------------------|----------|---|--|--|
| | | eegsr | Trustee | | 1 | pensated | | | |
| Lon Traweek Chief Operating Officer | 35 00 | | | × | | | 768,934 | 0 | 161,248 |
| Kevin Belford General Counsel | 35 00 | | | × | | | 605,750 | 0 | 111,409 |
| Kevin Hardardt Chief Financial & Administrative Officer | 35 00 | | | × | | | 452,977 | 0 | 136,560 |
| Gary Gardner Vice President, Corporate Secretary | 35 00 | | | × | | | 307,587 | 0 | 77,379 |
| Christina Sames Vice President, O&E | 35 00 | | | | х | | 350,720 | 0 | 116,307 |
| Chris McGill Vice President, Energy Analysis & Standards | 35 00 | | | | | х | 292,014 | 0 | 209,336 |
| Jason Rogers Vice President, State Affairs | 35 00 | | | | | х | 330,561 | 0 | 55,062 |
| George Lowe Vice President, Govt Relations | 35 00 | | | | | х | 330,760 | 0 | 15,900 |

15,900

72,615

292,574

239,271

Χ

35 00

35 00

.

Kathryn Clay

Michael Murray

Vice President, Policy

Deputy General Counsel

DLN: 93493319050356

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

• Section 527 organizations Complete Part I-A only

Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| | me of the organization ERICAN GAS ASSOCIATION | | | Em | oloyer id | dentif | ication num | ber |
|------------|--|--|---|--|-----------------------|-------------------|---|--|
| | | | | | 04315 | | | |
| Par | t I-A Complete if th | e organization is exemp | t under section 50 | 1(c) or is a sec | tion 5 | 27 o | rganizati | on. |
| 1 | Provide a description of t | he organization's direct and indi | rect political campaign | activities in Part IV | | | | |
| 2 | Political expenditures | | | | > | \$ | | 97,500 |
| 3 | Volunteer hours | | | | | | | |
| Par | t I-B Complete if th | e organization is exemp | t under section 50 | 1(c)(3). | | | | |
| 1 | Enter the amount of any e | excise tax incurred by the organ | ızatıon under section 49 | 955 | > | \$ | | |
| 2 | Enter the amount of any e | excise tax incurred by organizat | ion managers under sec | tion 4955 | > | \$ | | |
| 3 | If the organization incurre | ed a section 4955 tax, did it file | Form 4720 for this year | r? | | | ☐ Yes | ☐ No |
| 4 a | Was a correction made? | | | | | | ☐ Yes | ☐ No |
| b | If "Yes," describe in Part | | | | | | | |
| Par | t I-C Complete if th | e organization is exemp | t under section 50 | 1(c), except se | ction | 501(| c)(3). | |
| 1 | Enter the amount directly | expended by the filing organiza | tion for section 527 ex | empt function activi | ties 🕨 | \$ | | (|
| 2 | Enter the amount of the fi exempt function activities | iling organization's funds contrib s | outed to other organizati | ons for section 527 | • | \$ | | 97,500 |
| 3 | Total exempt function ex | penditures Add lines 1 and 2 E | nter here and on Form 1 | .120-POL, line 17b | > | ¢ | | 97.500 |
| 4 | Did the filing organization | n file Form 1120-POL for this year | r٦ | | | Ψ. | ✓ Yes | |
| 5 | organization made payme amount of political contril | ses and employer identification is ents For each organization listed butions received that were prom for a political action committee | d, enter the amount paid optly and directly delive | I from the filing orga red to a separate po | nızatıor Iıtıcal o | ı's fun rganız | ds Also ent ation, such | er the |
| | (a) Name | (b) Address | (c) EIN | (d) A mou filing org funds If r | anizatio | n's | (e) Am political co receive promptly a deliver separate organizatio | ntribution: ed and nd directly ed to a political on If none |
| 1 | | See Additional Data Table | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | ing coatha instructions for Form | 200 57 | | | | | |

Grassroots nontaxable amount (enter 25% of line 1f)

g

| ch | nedule C | (Fo | rm 990 or 990-E2) 2015 | | | Page 2 |
|----|----------|-----------------------|---|------|--|--------------------------------|
| P | art II-/ | 4 | Complete if the organization is exempt under section 501(c)(3) and | file | ed Form 5768 | (election |
| | | | under section 501(h)). | | | |
| ١. | Check | • | If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures) | gro | up member's nam | e, address, EIN |
| 3 | Check | \blacktriangleright | If the filing organization checked box A and "limited control" provisions apply | | | |
| | | | Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lo | obb | ring expenditures to influence public opinion (grass roots | | | |
| La | lobbyır | ıg) | | | | |
| | Total lo | obb | ying expenditures to influence a legislative body (direct lobbying) | | | |

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

| | filed Form 5768 (election under section 501(h)). | (| a) | (b) | |
|----------------|--|---------------|----------|--------|----|
| ror e activ | ach "Yes" response on lines 1a through 1: below, provide in Part IV a detailed description of the lobbying ity |] | No _ | A mour | nt |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | Yes | | | |
| a b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| C | Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? Publications, or published or broadcast statements? | | | | |
| e f | Grants to other organizations for lobbying purposes? | | | | |
| - | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| g h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| ï | Other activities? | | | | |
| i | Total Add lines 1c through 1i | | | | |
| ر 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| za b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | 501 (c |)(5), or | sectio | n |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | Νc |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | Νc |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | 3 | Yes | |

| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes." | | |
|---|--|---|-----------|
| 1 | Dues, assessments and similar amounts from members | 1 | 25,012,34 |
| | | | |

| | ille 3, is allowered tes. | | |
|---|---|---|------------|
| 1 | Dues, assessments and similar amounts from members | 1 | 25,012,348 |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | | |
| | expenses for which the section 527(f) tax was paid). | | |

a Current year

b Carryover from last year

c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

Taxable amount of lobbying and political expenditures (see instructions) Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

| Return Reference | Explanation |
|------------------|--|
| Part I-A, Line 1 | AGA'S POLITICAL CAMPAIGN ACTIVITIES CONSIST OF CONTRIBUTIONS MADE TO |
| | CANDIDATES FOR STATE AND LOCAL OFFICE WHERE LEGALLY PERMISABLE, |

CONTRIBUTIONS MADE TO OTHER POLITICAL ORGANIZATIONS, AND ADMINISTRATIVE

EXPENSES FOR ITS SEPARATE SEGREGATED FUND

AGA's political campaign activities consist of contributions made to candidates for state and local Part I-A Line 1- Direct and Indirect

Political Campaign Activities office where legally permissible, contributions to other political organizations, and administrative expenses for its separate segregated fund

2a

2b

2c

4

5

1,239,318

-169,694

1,069,624

1,125,556

-55,932

Additional Data

Software ID: Software Version:

EIN: 13-0431590

Name: AMERICAN GAS ASSOCIATION

Form 990, Schedule C, Part 1-C, Line 5

| (a) Name | (b) A ddress | (c) EIN | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|--|--|-----------|--|---|
| Community Leaders of America | 1005 Congress Ave Austin,TX 78701 | 463149989 | 5000 | |
| Democratic Governors' Association | 1401 K Street NW Washington, DC 20005 | 521304889 | 20500 | |
| Friends of Bryce Reeves | po box 7022 fredericksburg, VA 22404 | 320365003 | 500 | |
| GOPAC | 2300 Claredon Blvd Arlington, VA 22201 | 521237780 | 20000 | |
| Republican Attorneys General Association | 1747 Pennsylvania Ave NW Washington, DC 20006 | 464501717 | 16500 | |
| Republican Governors Association | 1747 Pennsylvania Ave NW Washington, DC 20006 | 521174414 | 20000 | |
| Republican State Leadership Commttee | 1201 F Street NW Washington, DC 20004 | 050532524 | 15000 | |
| American Gas Political Action Committee | 400 N Capitol St NW Washington, DC 20001 | 130431590 | | 43470 |

SCHEDULE D

(Form 990)

Treasury

Department of the

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493319050356

Open to Public **Inspection**

| Inten | nal Revenue Service | · , | | znopection |
|------------|--|---|---|---------------------------------|
| Na | me of the organization ERICAN GAS ASSOCIATION | | | oyer identification number |
| Do | art I Organizations Maintaining Donor | · Advised Funds or Other Similar | | 1431590 |
| | | ed "Yes" on Form 990, Part IV, line 6. | runus | or Accounts. |
| | | (a) Donor advised funds | (b) | Funds and other accounts |
| 1 | Total number at end of year | | \ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u> | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor a funds are the organization's property, subject to t | | onor advis | sed Yes No |
| 6 | Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit? | benefit of the donor or donor advisor, or for | any othei | r purpose Yes No |
| Pa | rt II Conservation Easements. Comple | ete if the organization answered "Yes" | on Forn | n 990, Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by th | e organization (check all that apply) | | |
| | Preservation of land for public use (e.g., recreeducation) | | an histor | ically important land area |
| | Protection of natural habitat | | | d historic structure |
| | Preservation of open space | , | | u |
| 2 | Complete lines 2a through 2d if the organization | held a qualified conservation contribution in | the form | of a conservation |
| _ | easement on the last day of the tax year | | | |
| | | | | Held at the End of the Year |
| а | Total number of conservation easements | | 2a | |
| Ь | Total acreage restricted by conservation easeme | | 2b | |
| С | Number of conservation easements on a certified | , , | 2c | |
| d | Number of conservation easements included in (o historic structure listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, trai | nsferred, released, extinguished, or termina | ted by th | e organization during the |
| | tax year ▶ | | | |
| 4 | Number of states where property subject to cons | ervation easement is located ▶ | | |
| 5 | Does the organization have a written policy regar violations, and enforcement of the conservation e | | ndling of | ☐ Yes ☐ No |
| 6 | Staff and volunteer hours devoted to monitoring, year | inspecting, handling of violations, and enfor | cing cons | servation easements during the |
| | - | | | |
| 7 | Amount of expenses incurred in monitoring, insper- | ecting, handling of violations, and enforcing | conserva | ation easements during the year |
| 8 | Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^{2}$ | ne 2(d) above satisfy the requirements of so | ection 17 | 0(h)(4) |
| 9 | In Part XIII, describe how the organization repor- balance sheet, and include, if applicable, the text the organization's accounting for conservation ea | of the footnote to the organization's financi | • | • |
| Pai | | tions of Art, Historical Treasures | , or Oth | ner Similar Assets. |
| 1 a | If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi | FAS 116 (ASC 958), not to report in its rev assets held for public exhibition, education | n, or resea | arch in furtherance of public |
| b | If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to | assets held for public exhibition, education | | |
| (| (i) Revenue included on Form 990, Part VIII, line 1 | L | ▶ \$ | |

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

▶ \$ _

| Par | t III | Organizations Maintaining (continued) | Collections of A | rt, His | storic | al T | reasui | es, or (| Oth | er Similar <i>l</i> | Asse | ts | . 490 |
|------------|-----------------|--|------------------------|---------------|----------------------------------|--------------|------------------|-------------------------------|----------|------------------------------|-------------|----------------|-----------|
| 3 | | g the organization's acquisition, acce ction items (check all that apply) | ession, and other rec | ords, ch | nec k a | ny of | the follo | wing that | are | a sıgnıfıcant u | se of | ıts | |
| а | | Public exhibition | | d | | Loai | n or exch | nange pro | gran | ns | | | |
| b | | Scholarly research | | e | Г | Oth | er | | | | | | |
| C | | Preservation for future generations | | | | | | | | | | | |
| 4 | Provi Part 2 | de a description of the organization's KIII | s collections and exp | laın ho | w they | furth | er the or | ganızatıo | n′s ∈ | xempt purpos | e in | | |
| 5 | | g the year, did the organization solid s to be sold to raise funds rather the | | | | | | | | mılar Y | es | ┌ No | • |
| Pa | rt IV | Escrow and Custodial Arra Complete if the organization a Part X, line 21. | | Form | 990, | Part | IV, lıne | 9, or re | por | ted an amou | nt o | n Forr | n 990, |
| 1a | | e organization an agent, trustee, cus ded on Form 990, Part X? | todian or other interr | mediary | for co | ntrib | utions or | other as: | sets | not Y | es | ┌ No | • |
| b | If' | 'Yes," explain the arrangement in Pa | art XIII and complete | the fol | llowing | ı table | 2 | | Г | 1A | noun | t | |
| c | | ginning balance | • | | _ | , | | 10 | <u>.</u> | | | | |
| d | | ditions during the year | | | | | | 10 | 1 | | | | |
| e | | stributions during the year | | | | | | 16 | _ | | | | |
| f | | ding balance | | | | | | 1f | _ | | | | |
| 2 a | | ne organization include an amount of | n Form 990, Part X, I | ne 21, | for es | crow | or custo | dial accou | ınt l | ability? Y | es | ┌ No | • |
| b | If"Y∈ | es," explain the arrangement in Part | XIII Check here if t | he expl | anatıo | n has | been pr | ovided in | Part | XIII | | | |
| Pa | rt V | Endowment Funds. Comple | | | | | | | | | | | |
| | | - | (a)Current year | (b) Pr | or year | | b (c) Two | years back | (d) | Three years back | (e) | Four ye | ars back |
| 1 a | Begii | nning of year balance | | | | | | | | | | | |
| b | C ont | ributions · · · · · · · · | | | | | | | | | | | |
| c | Net i losse | nvestment earnings, gains, and es | | | | | | | | | | | |
| d | Gran | ts or scholarships | | | | | | | | | | | |
| е | | r expenditures for facilities programs | | | | | | | | | | | |
| f | A dm | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | |
| g | | of year balance | | | | | | | | | | | |
| 2 | Provi | de the estimated percentage of the (| current year end bala | nce (lır | ne 1 g, | colun | nn (a)) h | eld as | | | ı | | |
| а | | d designated or quasi-endowment | , | ` | ٥, | | (| | | | | | |
| ь | | anent endowment > | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| С | The p | orarily restricted endowment > ercentages on lines 2a, 2b, and 2c | · | | | | | | | | | | |
| 3a | | here endowment funds not in the pos iization by | session of the organ | ızatıon | that a | re hel | d and ad | lmınıstere | ed fo | r the | | Yes | No |
| | (i) ur | related organizations | | • | | | | | | | a(i) | | |
| | | elated organizations | | | ماما | · ··la Dí | | | | 3 | a(ii) 3b | | |
| ь 4 | | es" on 3a(ii), are the related organize ribe in Part XIII the intended uses o | • | | | | · · · | | | | 3D | | |
| | rt VI | Land, Buildings, and Equip | | . II GO WIII | iene ia | iius | | | | | | | |
| | | Complete if the organization a | | orm 9 | 90, P | art I | V, line | l1a.See | For | m 990, Part | X, lır | ne 10. | |
| | | Description of property | | Co | ost or o ost or o ost or o | | | (b) or other ba (other) | isis | Accumulated (c) depreciation | | (d) Boo | k value |
| 1a | Land | | | | | <u> </u> | | - | | | | | |
| b | Buildin | ıgs | | | | | | | \neg | | | | |
| c | Leasel | nold improvements | | | | | | 3,393,9 | 932 | 2,187,9 | 33 | : | 1,205,999 |
| | | nent | | | | | | 2,026,2 | 231 | 1,499,0 | | | 527,141 |
| | Other | | | | | | | 1 779 9 | - | 1 570 5 | | | 209.038 |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

1,942,178

| Part VII | Investments—Other Securities. See Form 990, Part X, line 12. | Complete if the organiz | zation answered 'Ye | es' on Form 990, Part IV, line 11 |
|----------------------------|---|-------------------------|---|--|
| | (a) Description of security or categorical (including name of security) | ory | (b)Book value | (c)Method of valuation Cost or end-of-year market val |
| | al derivatives -held equity interests | | | |
| (3) O ther | -Herd equity interests | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | _ |
| | | | | |
| - | (1) 15 200 0 14 1401 40 | > | | |
| Total. (Colun Part VIII | nn (b) must equal Form 990, Part X, col (B) line 12 , Investments—Program Related. | , | | |
| | Complete if the organization answei | red 'Yes' on Form 990, | Part IV, line 11c. _S , (b) Book value | ee Form 990, Part X, line 13. (c) Method of valuation |
| | (a) Description of investment | | (b) Book Value | Cost or end-of-year market val |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | nn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization | | orm 990, Part IV, line | 11d See Form 990, Part X, line 15 |
| | (a) De | escription | | (b) Book value |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total. (Colu | ımn (b) must equal Form 990, Part X, col (B) lıı | ne 15) | | • |
| Part X | Other Liabilities. Complete if the of See Form 990, Part X, line 25. | organization answered | 'Yes' on Form 990, | Part IV, line 11e or 11f. |
| 1. | (a) Description of liability | (b) Book value | | |
| Federal inc | ome taxes | | | |
| Deferred Co | ompensation | 2,646,16 | 58 | |
| Accrued Pe | ension | 11,573,84 | | |
| | ment Health Benefits | 3,405,24 | | |
| 1 OSE RELITE | ment realth benefits | 3,403,24 | 1 | |
| | | | | |
| | | | | |
| | | | \dashv | |
| | | | | |
| | | | _ | |
| Total /C-1 | nn (h) much agual Form 000, Part V and (B) (an occ) | 47.000.00 | 5.8 | |
| 2. Liability | nn (b) must equal Form 990, Part X, col (B) line 25) for uncertain tax positions In Part XIII, pro | | te to the organization | |

Schedule D (Form 990) 2015

| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
|------|---|--------------|-------|-------------------|
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| а | Net unrealized gains (losses) on investments 2a | | | |
| b | Donated services and use of facilities | | | |
| c | Recoveries of prior year grants | | | |
| d | Other (Describe in Part XIII) | | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | | |
| b | Other (Describe in Part XIII) 4b | | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) . | | 5 | |
| Part | rt XII Reconciliation of Expenses per Audited Financial Statements | With Expense | s per | Return. |
| | Complete if the organization answered 'Yes' on Form 990, Part IV, li | | | Т |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | A mounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| а | Donated services and use of facilities 2a | | | |
| b | Prior year adjustments | | | |
| c | Other losses | | | |
| d | Other (Describe in Part XIII) | | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | A mounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | | |
| b | Other (Describe in Part XIII) | | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). | | 5 | |
| | | | | |
| Par | rt XIII Supplemental Information | | | |
| Part | ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par rt V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also c ormation | | | de any additional |
| | Return Reference Explanation | | | |

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| Schedule D (Form 990) 2015 | | Page 5 |
|------------------------------------|----------------|---------------|
| Part XIII Supplemental Information | on (continued) | |
| Return Reference | Explanation | |
| | | |
| | | |
| | | |
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| | | |
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| | | |

| efile GRAPHIC print - DO N | OT PROCESS | As Filed Dat | :a - | DLN: | 93493319050356 |
|--|-------------------------------------|--|--|---|---|
| SCHEDULE F (Form 990) | atement of | Activities C | Outside the Unite | ed States | OMB No 1545-0047 |
| Department of the Treasury | · | Part IV, line 1 ► Attach to | n answered "Yes" to Form 4b, 15, or 16. o Form 990. nd its instructions is at wi | | 2015 Open to Public Inspection |
| Name of the organization AMERICAN GAS ASSOCIATION | | | | Employer iden 13-0431590 | tification number |
| Part I General Informat Complete if the org | | | e United States. rm 990, Part IV, line | L | |
| 1 For grantmakers. Does the and other assistance, the used to award the grants of | grantees' eligibil | | | | □ Yes □ No |
| For grantmakers. Describe assistance outside the Uni Activites per Region (The following the content of the content | e in Part V the oi ted States | | | | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is program service, describe specific type of service(s) in region | a (f) Total expenditures for and investments in region |
| (1) See Add'l Data | | region | regiony | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| Sa Sub-total Total from continuation sheet to Part I | 0 0 | | | | 192,828 |
| c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, | 0 | for Form 990 | | No 50082W Sche e | 192,828 Jule F (Form 990) 2015 |

Schedule F (Form 990) 2015

| | and EIN (if applicable) | 5 | dıs burs ement | assistance | assistance | (book, FMV, appraisal, other) |
|-----|----------------------------|----------|----------------|------------|------------|-------------------------------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

| | ther Assistance duplicated if addit | | | ed States. Complete | if the organization a | nswered "Yes" to Form | 990, Part IV, line 16. |
|---------------------------------|--|--------------------------|------------------------------|------------------------------------|--|--|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |

| (2) | | | | |
|-------|--|--|--|--|
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| (11) | | | | |
| (12) | | | | |
| (42) | | | | |

| (4) | | | | | | | | |
|-------|----------------------------|--|--|--|--|--|--|--|
| (5) | | | | | | | | |
| (6) | | | | | | | | |
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| (15) | | | | | | | | |
| (16) | | | | | | | | |
| (17) | | | | | | | | |
| (18) | | | | | | | | |
| | Schedule F (Form 990) 2015 | | | | | | | |

| (9) | | | | | | | |
|----------------------------|--|--|--|--|--|--|---|
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | , |
| (17) | | | | | | | |
| (18) | | | | | | | |
| Schedule F (Form 990) 2015 | | | | | | | |

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

Yes ▼ No

Old the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990)

Yes **▼** No

this part to provide any additional information (see instructions).

Schedule F (Form 990) 2015

Part I. line 3

| 990 | Schedule | F. | Supplemental | Information |
|-----|----------|----|--------------|---------------------|
| 990 | Schedule | ٠, | Supplemental | IIII OI III a CIOII |

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Explanation

EXPENDITURES INCLUDED IN PART I ARE DETERMINED USING THE ACCRUAL METHOD.

Page 5

Return Reference

Additional Data

Europe

Software ID: Software Version:

EIN: 13-0431590

Name: AMERICAN GAS ASSOCIATION

Conference

COP21 Meeting

1,736

Form 990 Schedule F Part I - Activities Outside The United States

0

0

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region | |
|---------------------------|---|--|--|---|--------------------------------------|--|
| East Asia and the Pacific | 0 | 0 | program services | LNG meeting | 5,562 | |
| Europe | 0 | 0 | program services | Participated in World Gas | 154,516 | |

program services

(a) Region (f) Total expenditures (b) Number of (c) Number of (d) Activities (e) If activity listed in offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) International Gas Union 7,287 Europe program services lmeetinas Middle East and North International Gas Union 9,393 lprogram services

program services

lmeetings

Infrastructure meeting

2,766

Form 990 Schedule F Part I - Activities Outside The United States

A frica

North America

(b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (a) Region (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services. grants to recipients (s) in region located in the region) South America International Gas Union program services 11,568

lmeetinas

Form 990 Schedule F Part I - Activities Outside The United States

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organize
Department of the

Treasury

Internal Revenue Service

Name of the organization

AMERICAN GAS ASSOCIATION

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493319050356

Open to Public Inspection

Employer identification number

13-0431590

| | | | | | | 13 0 (31330 | |
|--|---------------------|----------------------------------|------------------------------|---|---|---|---------------------------------------|
| Part I General Information | n on Grants an | d Assistance | | | | | |
| Does the organization maintain r the selection criteria used to aw Describe in Part IV the organiza | ard the grants or a | ssistance? | | | | stance, and | √ Yes No |
| Part II Grants and Other Assista that received more than \$ | | | | plete if the organization | answered "Yes" on F | form 990, Part IV, line 2: | l , for any recipient |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| See Additional Data Table | | | | | | | |
| | | | | | | | |
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| Enter total number of section 50Enter total number of other organ | | | | | | | 12 |
| For Paperwork Reduction Act Notice, see | | | <u> </u> | Cat No 50055P | <u> </u> | | / le I (Form 990) 2015 |

Additional Data

Software ID: Software Version:

EIN: 13-0431590

Name: AMERICAN GAS ASSOCIATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of

| organization or government | | ıf applıcable | grant | cash assistance | (book, FMV, appraisal, other) | non-cash assistance | or assistance |
|--|------------|---------------|--------|--------------------|-------------------------------|---------------------|-----------------|
| Bipartisan Policy Center 1225 Eye Street NW Washington, DC 20005 | 73-1628382 | 501c3 | 50,000 | | | | General support |
| The Third Way Foundation Inc 1101 14th Street NW Washington, DC 20005 | 52-1629221 | 501c3 | 25,000 | | | | General support |
| democratic governors association 1401 k street nw washington,DC 22404 | 52-1304889 | 527 | 20,500 | | | | general support |

(h) Purpose of grant

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Campaign for Home Energy 115 20,000 53-0196960 General support Assistance 1615 L Stret NW Wachington DC 20036

laeneral support

deneral support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| gopac 2300 clarendon blvd arlington, VA 22201 | 52-1237780 | 527 | 20,000 |
|---|------------|-----|--------|
| republican governors | 52-1174414 | 527 | 20,000 |

association

1747 pennsylvania ave nw washington, DC 20006

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Center for Energy Workforce 20-4504014 501c3 18.000 General support Development

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

527

republican attorneys general

1747 pennsylvania ave nw washington, DC 20006

association

46-4501717

| 701 Pennsylvania Ave NW Washington, DC 20004 | | | | | |
|--|------------|-------|--------|--|------------------------|
| National Capital Area Counci Boy Scouts of America 9190 Rockville Pike Bethesda, DC 20814 | 53-0204610 | 501c3 | 17,000 | | Inaugural gala sponsor |

16,500

general support

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 05-0532524 527 15,000 general support republican state leadership committee 1201 fst nw support

| washington,DC 20004 | | | | | |
|---|------------|-------|--------|--|-----------|
| A merican Council for Capital formation | 52-0991278 | 501c6 | 15,000 | | General s |
| 1001 Connecticut Avenue | | | | | |
| NW | | | | | |

13,000

Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Washington, DC 20036
The Waterfall Foundation

PO Box 70049 fairbanks, AK 99707

54-1980898

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 46-3948410 501c3 12,000 Western Caucus Foundation General support 400 N Capitol St NW Washington, DC 20001 National Energy and Utility 52-1559709 501c3 10.000 General support

General support

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GOVT

| Mational Energy and oth |
|-------------------------|
| Affordability Coalition |
| 303 E 17th avenue |
| Denver, CO 80203 |
| Western Governors' |

Association 1800 Broadway Denver, CO 80202 84-0747227

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 54-1501306 501c3 10,000 American Gas Foundation General support 400 N Capitol St NW Washington DC 20001 al support

| - Washington, DC 20001 | | | | | |
|--|------------|-------|--------|--|-----------------|
| American Council of Young Political leaders 2131 K Street NW Washington, DC 20037 | 52-0845718 | 501c3 | 10,000 | | General support |
| Americans for Peace | 47-1991541 | 501c4 | 10,000 | | General support |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Americans for Peace 4/-1991541 Propserity and Security

707 8th Street SE Washington, DC 20003

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (a) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment other) assistance 52-1469926 501c3 7.500 General support

The Economic Club of Washington DC

1156 15th Street NW Washington, DC 20005 Schedule J (Form 990)

Department of the

Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493319050356 OMB No 1545-0047

2015

Open to Public Inspection

| Nar | al Revenue Service ne of the organization | | | Employer identification | on nur | nber | |
|------------|---|----------|---------------------------------------|-------------------------|------------|------|----|
| AME | RICAN GAS ASSOCIATION | | | 13-0431590 | | | |
| Pa | rt I Questions Regarding Compensation | | | 13-0431390 | | | |
| | Questions regarding compensation | | | | | Yes | No |
| 1 a | Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to | | | | | | |
| | ▼ First-class or charter travel | Г | Housing allowance or residence fo | personal use | | | |
| | ▼ Travel for companions | Ė | Payments for business use of pers | onal residence | | Ì | Ì |
| | Tax idemnification and gross-up payments | Ė | Health or social club dues or initia | tion fees | | Ì | Ì |
| | Discretionary spending account | Γ | Personal services (e g , maid, chai | uffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the orgal reimbursement or provision of all of the expenses desc | | | | 1b | Yes | |
| 2 | Did the organization require substantiation prior to rein directors, trustees, officers, including the CEO/Execut | | | | 2 | Yes | |
| 3 | Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensati | apply | Do not check any boxes for metho | ds | | | |
| | ✓ Compensation committee | ✓ | Written employment contract | | | | |
| | ✓ Independent compensation consultant | ✓ | Compensation survey or study | | | | |
| | Form 990 of other organizations | ~ | Approval by the board or compens | ation committee | | | |
| 4 | During the year, did any person listed on Form 990, Pa or a related organization | rt VII | I, Section A, line 1a with respect to | the filing organization | | | |
| а | Receive a severance payment or change-of-control par | ymen | t? | | 4a | | Νo |
| b | Participate in, or receive payment from, a supplementa | al none | qualified retirement plan? | | 4b | Yes | |
| c | Participate in, or receive payment from, an equity-base | ed cor | mpensation arrangement? | | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and provi | ide th | e applicable amounts for each item i | n Part III | | | |
| | Only 501(c)(3), 501(c)(4), and 501(c)(29) organization | ns mu | ıst complete lines 5-9. | | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, li compensation contingent on the revenues of \ensuremath{N} | ne 1a | , did the organization pay or accrue | any | | | |
| а | The organization? | | | | 5a | | |
| b | Any related organization? | | | | 5b | | |
| | If "Yes," on line 5a or 5b, describe in Part III | | | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, li compensation contingent on the net earnings of | ne 1a | , did the organization pay or accrue | any | | | |
| а | The organization? | | | | 6 a | | |
| b | Any related organization? | | | | 6b | | |
| | If "Yes," on line 6a or 6b, describe in Part III | | | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des | | | on-fixed | 7 | | |
| 8 | Were any amounts reported on Form 990, Part VII, par subject to the initial contract exception described in Re in Part III | | · | | 8 | | |
| 9 | If "Yes" on line 8, did the organization also follow the resection $53.4958-6(c)$? | ebutt | able presumption procedure describ | ed in Regulations | 9 | | |

| Selledales (Form 550) 2015 | | | | | r age 🕳 | | | | |
|--|---|--------------------|----------------|----------------------|---------------------|--|--|--|--|
| Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. | | | | | | | | | |
| ınstructions, on row (II) Do not list ar | tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F | ., | - | · | | | | | |
| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in | | | | |

Page 2

Schedule J (Form 990) 2015

| (A) Name and Title | (B) Breakdown o | f W-2 and/or 1099-MIS | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |
|--------------------|-----------------------|-----------------------|------------------|--------------------|------------------------|----------------------|----------------------|
| | B | (ii) | (ıiı) | other deferred | benefits | (B)(ı)-(D) | column(B) reported |
| | Base (1) compensation | Bonus & incentive | Other reportable | compensation | | | as deferred on prior |
| | (1) compensation | compensation | compensation | | | | Form 990 |

Schedule 1 (Form 990) 2015

See Additional Data Table

Expenses are added to the employee's W-2 wages in accordance with the law and appropriate taxes are withheld

457(f) plan David McCurdy, \$350,000 Lori Traweek, \$75,000 Kevin Hardardt, \$50,000 Christina Sames, \$50,000

Schedule J (Form 990) 2015

Part I, Line 4b

Software ID: Software Version:

EIN: 13-0431590

Name: AMERICAN GAS ASSOCIATION

| Form 990, Schedule J, I | Part | II - Officers, Direc | ctors, Trustees, Ko | ey Employees, an | d Highest Compen | | | |
|--|---------|---|--------------------------------------|-------------------------------------|-----------------------------------|--------------------------------|------------------------------------|---|
| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation (i) (ii) (iii) | | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | (F) Compensation in column (B) |
| | | Base Compensation | Bonus & Incentive compensation | Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| 1David McCurdy President & CEO | (1) | 1,156,160 | 733,200 | 25,878 | 365,900 | 51,263 | 2,332,401 | 0 |
| | (11) | 0 | 0 | 0 | 0 | | 0 | 0 |
| 1Lon Traweek Chief Operating Officer | (1) | 393,889 | 145,000 | 230,045 | 138,342 | 30,720 | 937,996 | 0 |
| enter operating enteer | (11) | 0 | 0 | 0 | 0 | | | 0 |
| 2Kevin Belford General Counsel | (1) | 310,444 | 98,000 | 197,306 | 92,669 | 26,461 | 724,880 | 0 |
| General Counsel | (11) | 0 | 0 | 0 | 0 | | | 0 |
| 3Kevin Hardardt Chief Financial & | (1) | 271,840 | 81,900 | 99,237 | 112,346 | 32,484 | 597,807 | 0 |
| Administrative Off | (11) | 0 | | | 0 | | | |
| | | | | | | 0 | 0 | |
| 4 Gary Gardner Vice President, Corporate | (1) | 243,087 | 60,075 | 4,425 | 62,946 | 21,186 | 391,719 | 0 |
| Secretary | (11) | 0 | 0 | 0 | 0 | -0 | - 0 | 0 |
| 5 Christina Sames Vice President, O&E | (1) | 260,054 | 85,000 | 5,666 | 89,883 | 34,745 | 475,348 | 0 |
| , | (11) | 0 | 0 | 0 | 0 | | | 0 |
| 6 Chris McGill Vice President, Energy | (1) | 228,413 | 60,000 | 3,601 | 191,666 | 25,625 | 509,305 | 0 |
| Analysis & St | (11) | 0 | 0 | 0 | 0 | - 0 | - 0 | 0 |
| 7Jason Rogers Vice President, State Affairs | (1) | 260,201 | 65,000 | 5,360 | 46,063 | 15,052 | 391,676 | 0 |
| , | (11) | 0 | 0 | 0 | 0 | | | 0 |
| 8 George Lowe Vice President, Govt Relations | (1) | 262,500 | 62,500 | 5,760 | 15,900 | 4,454 | 351,114 | 0 |
| vice resident, coveredations | (11) | 0 | 0 | 0 | 0 | | | 0 |
| 9Kathryn Clay Vice President, Policy | (1) | 230,000 | 60,000 | 2,574 | 15,900 | 4,355 | 312,829 | 0 |
| vice rresident, rolley | (11) | 0 | 0 | 0 | 0 | | - | 0 |
| 10Michael Murray | (1) | 213,802 | 25,000 | 469 | 48,384 | 32,290 | 319,945 | 0 |
| Deputy General Counsel | (11) | 0 | | | | | | |
| | _ [`''] | ή | 1 | 1 | ١ | - |] | 0 |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE O (Form 990 or

990-EZ)

Treasury

Service

Department of the

Internal Revenue

Name of the organization

AMERICAN GAS ASSOCIATION

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 Open to Public

Inspection

DLN: 93493319050356

Employer identification number

13-0431590

Return **Explanation** Reference PART III. LINE 1 -Approved by the AGA Board on October 13, 2015 The American Gas Association (AGA) represents companies delivering **ORGANIZATION** natural gas safely, reliably, and in an environmentally responsible way to help improve the quality of life for their customers MISSION every day AGA's mission is to provide clear value to its membership and serve as the indispensable, leading voice and facilitator on its behalf in promoting the safe, reliable, and efficient delivery of natural gas to homes and businesses across the nation. Core Strengths. 1. Conducts programs and develops standards to help enhance the safe delivery of natural gas to consumers, 2. Advocates for natural gas industry issues, regulatory constructs and business models that are priorities for the industry, 3 Promotes growth in the efficient use of natural gas by emphasizing before a variety of stakeholders the benefits of clean, abundant natural gas as part of the solution to the nation's energy and environmental goals, 4 Facilitates the exchange of information and improvement of performance metrics to help members achieve operational excellence, 5 Helps members manage and respond to the energy needs of customers, regulatory trends, natural gas or capital market issues and emerging technologies, 6. Collects, analyzes and disseminates information to opinion leaders, policy makers and consumers about the benefits provided by energy utilities and the natural gas industry, 7 Encourages the development, commercialization, and regulatory acceptance of natural gas end-use technologies, and 8 Delivers measurable value to AGA members

| Return Reference | Explanation |
|-------------------------------|--|
| Form 990, Part III, line 2 | AGA launched its National Peer Review Program in 2015, the first-ever national peer-to-peer safety and operational practices review program for gas utility and pipeline operators. This voluntary effort helped advance the safety, reliability and quality of natural gas delivery for utility employees and customers alike. More than 50 AGA member companies have submitted participation agreements. A total of 16 reviews took place in 2015. The American Society of Association Executives (ASAE) recognized AGA with a 2015 Gold Award recognizing the Peer Review Program as "groundbreaking." The ASAE award is granted to associations for leveraging their unique resources to solve problems, advance industry performance, kick start innovation and improve world conditions. |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section A, line 1 | THE ASSOCIATION'S BY LAWS, UNDER ARTICLE VII, SECTION 2, PROVIDES THAT THE BOARD OF DIRECTORS MAY APPOINT AN EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE IS ELECTED BY THE ENTIRE BOARD AND MAY EXERCISE CERTAIN POWERS OF THE BOARD DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD THE EXECUTIVE COMMITTEE IS GENERALLY COMPRISED OF THE BOARD OFFICERS AND NOT LESS THAT 7 OTHER MEMBERS OF THE BOARD AGA BOARD MEMBERS ARE EXECUTIVES OF AGA FULL MEMBERS |

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Section A, line 6 | The Association has five classes of members under Article III of its Bylaw's Full members include United States gas distribution public and municipal utilities and have voting rights. Limited, Associates, International members and International Affiliates can participate on certain committees, take advantage of educational opportunities and participate in other applicable activities. |

| Return Reference | Explanation |
|--------------------|--|
| Form 990, Part VI, | The Association is a membership organization and full members nominate and elect members of the Board of |
| Section A, line 7a | Directors (the Association's principal governing body) at the Association's Annual Meeting |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Section A, line 7b | The members of the Association make certain decisions, such as, the election of the principal governing body (Board of Directors) as outlined in the organization's bylaws at the annual or special meetings of the Association. Special meetings may be called by the membership to address any issues or questions. The association's governing bodies are active in a number of ways. The association members elect a Board of Directors (BOD) from the membership. Committees related to financial oversight, compensation and governance are established by the BOD. These include the Executive Committee, Board Finance. Committee, Board Audit Committee (CEOs, some of whom have a CPA designation and public accounting backgrounds) and Board Compensation Committee (BOD chair, Vice Chair, 2nd Vice Chair, and other BOD members usually with leadership roles in the Association). The Audit Committee Chair is a member of the Board of Directors and provides regular reports of the audit Committee to the Board of Directors. |

| Return Reference | Explanation |
|---------------------|---|
| , | The Association's internal process for review of tax forms is extensive. Due to the complexity of the return, the Association has hired its outside accounting firm to prepare the Form 990. The Association's accounting firm provides an extensive list of required information. The Association's controller accumulates the data and forwards to the outside accounting firm who drafts the Form 990. A draft of the form 990 is then reviewed by the Staff Review Group (SRG) which is comprised of the Association's Chief Financial officer, Controller, the General Counsel and others. The Controller accumulates all comments and forwards to the outside accounting firm to be incorporated in the final draft of the form 990. The final draft is provided to the Audit Committee. The Controller reviews the 990 with the Audit Committee. |

the Board of Directors The 990 is provided to the Board of Directors before it is filed

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, line 12c | The organization has new employees review and sign a statement of compliance with the conflict of interest policy at the time of hiring. All employees and Board members have a continuing duty to report any actual or potential conflict of interest in accordance with the policy and annually sign a statement of compliance. New Board Members (NBM's) attend a Board orientation session with the organization's Chairman, President, Chief Financial Officer, General Counsel and others where the Association's policies are reviewed. NBM's make a declaration of any potential conflict of interest. All Board members have a continuing duty to report any actual or potential conflict. The potential conflicts for Board members, officers, employees and others are reviewed by the Association's CEO, General Counsel, CFO and Human Resources vice president and a schedule is prepared and furnished to the independent auditors and made available to the AGA Audit Committee. More detail is provided in the policy |

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Section B, Ine 15 | CEO The CEO's compensation is first discussed by the Board Compensation Committee with an independent consulting firm specializing in non-profit organizations to determine the Board Compensation Committee's recommendation to the Board of Directors the Chairman of the Board then presents the recommendations and reasons for the CEO compensation adjustment, if any the ceo's compensation is then approved by vote of the full board. Contemporaneous substantiation of the deliberations, decisions, and Board of Directors action is maintained in the Human Resource files and minutes of the Compensation Committee and Board of Directors MEETINGS. Other officers or key employees. The Association utilizes a multifaceted approach to determine compensation not only for its CEO, but for its officers and employees. This includes establishing written position descriptions, salary ranges for positions, setting position goals, providing written performance evaluations, measurement of performance, quarterly, semi-annual or annual goal review, and contemporaneous substantiations of the process. The Association's current compensation policy dated November 30, 2011 describes the process in more detail. The Association also retains an independent compensation consulting firm to advise the Board Compensation Committee and officers. Compensation adjustments usually are recommended by supervisors and approved by managers, directors and/or officers. Adjustments must also be approved by the Vice president, Human Resources. Officer and vice president individual salary adjustments are recommended to the Board Compensation Committee by the CEO, and must be approved by the Board Compensation committee after review and then reported to the Board of Directors. |

| Return Reference | Explanation |
|---------------------|---|
| | The organization makes the information available in a number of ways. The organization's governing documents, officers, board members and members are available on AGA's website (www aga org) under "About US" THE CONFLICT OF INTEREST STATEMENT IS ALSO AVAILABLE UNDER "ABOUT US" Financial Statements are provided to the entire Board and others on a quarterly basis. Annual audited financial statements are provided to the entire membership. Financial, governance and other information can also be obtained from the Association electronically by request under "Contact Us" on the website or by mail. |

| Return Reference | Explanation |
|-----------------------------|---|
| Form 990, Part IX, line 11g | Credit Card Fees 146,252 Outside Services 3,992,212 |

| Return Reference | Explanation |
|---------------------------|-----------------------------|
| Form 990, Part XI, line 9 | FAS 158 Adjustment -635.511 |

| Return Reference | Explanation |
|-----------------------------|--|
| FORM 990, PART XII, LINE 2C | THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493319050356 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Schedule R (Form 990) 2015

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

| Name of the organization AMERICAN GAS ASSOCIATION | | | | | tification number | | |
|--|---------------------------------|---|----------------------------|---|--|---------------------------|------------------------------------|
| Part I Identification of Disregarded Entities Comple | te if the organization a | answered "Yes" or | n Form 990, Part I | 13-0431590 V, line 33. | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income End | (e) -of-year assets | (f) Direct controlling entity | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the | | e organization an | swered "Yes" on F | orm 990, Part I | V, line 34 because it | had one | е |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity statu (if section 501(c)(3 | Direct controlling entity | Section (13) co ent | g) 512(b) ontrolled tity? |
| (1)American Gas Assn PAC C00007450 400 North Capitol Street NW | Political Action Committee | DC | 527 | | | Yes | No |
| Washington, DC 20001 | | | | | N/A | \perp | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | _ | |
| | | | | | | _ | |

Cat No 50135Y

| Part III | Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form | 990, Pa | art IV, I | line 34 |
|----------|--|---------|-----------|---------|
| | because it had one or more related organizations treated as a partnership during the tax year. | | | |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | al Direct Predominant Share of Share of Disproprtionate of end-of-year allocations? an entity unrelated, excluded from | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | e V-UBI General nt in box managir 0 of partner dule K-1 | | General or managing partner? | | (k) Percentage ownership | |
|---|--------------------------------|--|--|----|---|---|----|------------------------------------|-----|---------------------------------------|--|
| | | | | "" | | Yes | No | | Yes | No | |
| | | | | | | | | | | | |
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| Part TV Identification of Polated Organizations Tayable a | | | | | I | | l | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end- of-year assets | ownership (b)(13) | | | |
|--|--------------------------------|---|-------------------------------------|---|---------------------------------|---|-------------------|--------|--|--|
| | | | | | | | | Yes No | | |
| | | | | | | | | | | |
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| art V | Transactions With Related Organizations | s Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 | 6. |
|-------|---|---|----|

| | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | Yes | No | | | | |
|---|---|------------------------|----------------------------------|------------|---------|----|--|--|--|--|
| 1 D | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed | ed in Parts II-IV? | | | | | | | | |
| а | a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | 1a | | No | | | | |
| b | b Gift, grant, or capital contribution to related organization(s) | | | 1b | | No | | | | |
| c | c Gift, grant, or capital contribution from related organization(s) | | | 1 c | | No | | | | |
| d | d Loans or loan guarantees to or for related organization(s) | | | 1d | | No | | | | |
| e Loans or loan guarantees by related organization(s) | | | | | | | | | | |
| f | f Dividends from related organization(s) | | | 1f | | No | | | | |
| g | g Sale of assets to related organization(s) | | | 1 g | | No | | | | |
| h | h Purchase of assets from related organization(s) | | | 1h | | No | | | | |
| i | i Exchange of assets with related organization(s) | | | 1i | | No | | | | |
| j | j Lease of facilities, equipment, or other assets to related organization(s) | | | 1j | | No | | | | |
| k | k Lease of facilities, equipment, or other assets from related organization(s) | | | 1k | | No | | | | |
| 1 | Performance of services or membership or fundraising solicitations for related organization(s) | | | 11 | | No | | | | |
| m | m Performance of services or membership or fundraising solicitations by related organization(s) | | | 1m | | No | | | | |
| n | n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | 1n | Yes | | | | | |
| o | o Sharing of paid employees with related organization(s) | | | 10 | | No | | | | |
| р | p Reimbursement paid to related organization(s) for expenses | | | 1 p | | No | | | | |
| q | q Reimbursement paid by related organization(s) for expenses | | | 1 q | | No | | | | |
| r | r Other transfer of cash or property to related organization(s) | | | 1r | Yes | | | | | |
| s | s Other transfer of cash or property from related organization(s) | | | 1 s | | No | | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cover | ered relationships | and transaction thresholds | | | | | | | |
| | (a) Name of related organization (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amo | ount ir | ıvolved | | | | | |
| 1) an | american gas association pac N | 0 | below \$50K threshold | | | | | | | |
| 2) an | lamerican gas association pac R | 0 | BELOW \$50K threshold | | | | | | | |

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| revenue) that was not a related organization See instructions | | | | | | | | | | | | | | |
|---|---------------------------------|---|--|---|----|------------------------------------|--|--|----|---|----------------------|-----|--------------------------------|--|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | managing partner? | | (k) Percentage ownership | |
| | | | 314) | Yes | No | | | Yes | No | | Yes | No | | |
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